

# NOTICE OF INTENT TO COMPLY WITH MAINE GENERAL PERMIT FOR THE DISCHARGE OF STORMWATER FROM MUNICIPAL SEPARATE STORM SEWER SYSTEMS

PLEASE TYPE OR PRINT IN **BLACK INK ONLY**

Municipality:	Old Orchard Beach	Mailing Address:	1 Portland Avenue		
Town/City:	Old Orchard Beach	State:	Maine	Zip Code:	04064
Name and title of chief elected official or principal executive officer:	Steve Gunty, Town Manager	Mailing Address:	1 Portland Avenue		
Town/City:	Old Orchard Beach	State:	Maine	Zip Code:	04064
Name of primary contact person responsible for MS4 stormwater management program:	Mary Ann Conroy, Director of Public Works	Mailing Address:	1 Portland Avenue		
Town/City:	Old Orchard Beach	State:	Maine	Zip Code:	04064
Daytime phone: (with area code)	(207) 934-2250 (Office) (207) 615-9585 (Cell)	Email if available:	maconroy@oobmaine.com		
Estimate of the area in square miles of the Urbanized Area:	7.35 square miles	Prior DEP Permit Number(if applicable):	MER04125		
Name of stream(s), wetland(s) or waterbody(ies) to which the regulated Small MS4 discharges and a list of impaired waterbody(s) which receive stormwater from the Regulated Small MS4 (attach additional sheets as necessary):					
Saco Bay					
Jones Creek and Tributaries					
Goosefare Brook (Impaired) and Tributaries					

I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement knowingly made in the submitted information may be punishable as a criminal offense, in accordance with Maine General Statutes.

I certify that this permit registration is on complete and accurate forms as prescribed by the Department without alteration of the text.

I also certify under penalty of law that I have read and understand all requirements of the General Permit. I certify that all requirements for authorization under the general permit are met and that a system is in place to ensure that all terms and conditions of this general permit will continue to be met for all discharges authorized by this general permit for the municipality. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowingly making false statements.

Signature of chief elected official or principal executive officer:		Date:	6-27-08
---	---	-------	---------

This NOI registration form must be filed with the Department at the following address:  
 Stormwater Coordinator  
 Maine Department of Environmental Protection  
 Bureau of Land & Water Quality  
 17 State House Station  
 Augusta ME 04333-0017

OFFICE USE ONLY	Ck.#	Date	Staff	Staff	After Photos
NOI #	FP		Acc. Date	Def. Date	